

EXHIBIT 16

COUNTY FIRST BANK
3670 OLD WASHINGTON ROAD
WALDORF, MD 20602

OWNERSHIP OF ACCOUNT - PERSONAL PURPOSE

- INDIVIDUAL
 JOINT - WITH SURVIVORSHIP (and not as tenants in common)
 JOINT - NO SURVIVORSHIP (as tenants in common)
 TRUST - SEPARATE AGREEMENT:

REVOCABLE TRUST OR PAY-ON-DEATH

DESIGNATION AS DEFINED IN THIS AGREEMENT

Name and Address of Beneficiaries:

ACCOUNT
NUMBER

Commercial Checking
ACCOUNT OWNER(S) NAME & ADDRESS

COMPASS MARKETING, INC
39650 HIAWATHA CIRCLE
MECHANICSVILLE MD 20659

OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE

- SOLE PROPRIETORSHIP
 CORPORATION: FOR PROFIT NOT FOR PROFIT
 PARTNERSHIP

BUSINESS:

COUNTY & STATE:

OF ORGANIZATION:

AUTHORIZATION DATED:

DATE OPENED 12/01/08 BY ELEONORA GRISSETT

INITIAL DEPOSIT \$ 500.00

CASH CHECK NEW

HOME TELEPHONE #

BUSINESS PHONE # 410-268-0030 X 202

DRIVER'S LICENSE #

E-MAIL

EMPLOYER

MOTHER'S MAIDEN NAME

Name and address of someone who will always know your location:

BACKUP WITHHOLDING CERTIFICATIONS

TIN: [REDACTED]

TAXPAYER I.D. NUMBER - The Taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number.

BACKUP WITHHOLDING - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

EXEMPT RECIPIENTS - I am an exempt recipient under the Internal Revenue Service Regulations.

SIGNATURE: I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).

x Michael White 12-1-08
(Date)

- NEW EXISTING
 CHECKING SAVINGS
 MONEY MARKET CERTIFICATE OF DEPOSIT
 NOW

This is your (check one).

Permanent Temporary account agreement.

Number of signatures required for withdrawal 1

FACSIMILE SIGNATURE(S) ALLOWED? YES NO

[X]

SIGNATURE(S) - The undersigned agree to the terms stated on every page of this form and acknowledge receipt of a completed copy. The undersigned further authorize the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following disclosure(s):

- Deposit Account Funds Availability Truth in Savings
 Electronic Fund Transfers Privacy Substitute Checks

(1): [REDACTED] Michael White MICHAEL R WHITE
I.D. # [REDACTED] D.O.B. 04/17/59

(2): [REDACTED] Daniel J White DANIEL J WHITE
I.D. # [REDACTED] D.O.B. 01/06/66

(3): [REDACTED]
I.D. # [REDACTED] D.O.B. [REDACTED]

(4): [REDACTED]
I.D. # [REDACTED] D.O.B. [REDACTED]

I.D. # [REDACTED] D.O.B. [REDACTED]
 Convenience Signer (Individual Accounts Only)

[X]
I.D. # [REDACTED] D.O.B. [REDACTED]